Health Canada Santé Canada

Evaluation Group

Strategic Planning and Review Directorate

Policy and Consultation Branch

Groupe de l'évaluation

Direction de la planification stratégique et de l'examen

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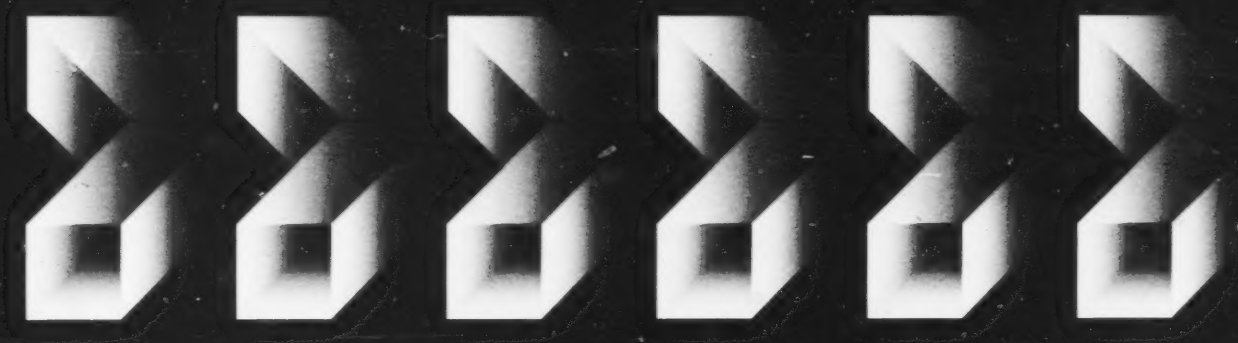

DIVISION OF AGING AND SENIORS/SENIORS STRATEGY

EVALUATION FRAMEWORK

November 1995

Canada

MISSION STATEMENT

The Evaluation Group helps Health Canada serve Canadians better by providing objective information and advice about the effectiveness of departmental activities and services.

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Summary

This document sets out the proposed evaluation design for the Division of Aging and Seniors/Seniors Strategy (DAS/S).

The Evaluation Group (EG) worked with the program staff to develop this evaluation framework. The purpose of the document is to ensure that a credible and useful evaluation of the DAS/S activities can be carried out in 1996-97. This document does so by:

- clarifying the objectives, activities, outputs and effects of the DAS/S;
- identifying potential questions to be addressed at the time of the final evaluation;
- describing ongoing data collection requirements; and
- proposing an overall evaluation design.

It is recommended, for planning purposes, that the Department set aside approximately $186,000 in fiscal year 1996-97 for the evaluation of the DAS/S. This estimate includes $150,000 for consultant work and $21,000 in salary costs.

Evaluation Framework Chronology

· Planning Completed	October 1994
· Field Work and Consultations Completed	June 1995
· Draft Report Submitted to Branch	July 1995
· Final Report Submitted to Branch	November 1995

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TABLE OF ABBREVIATIONS

ADM	Assistant Deputy Minister
CMHC	Canada Mortgage and Housing Corporation
DAS	Division of Aging and Seniors
DAS/S	Division of Aging and Seniors/Seniors Strategy
EG	Evaluation Group
HC	Health Canada
HPPBRO	Health Promotion and Programs Branch Regional Offices
HRD	Human Resources Development Canada
NACA	National Advisory Council on Aging
NGO	Non-governmental Organization
NH	New Horizons Program
NHPA	New Horizons: Partners in Aging Program
PCB	Policy and Consultation Branch
SIP	Seniors Independence Program
SIRP	Seniors Independence Research Program
TB	Treasury Board

Credits

The following EG Staff were involved in the preparation of this framework at different times:

- Leo Lehtiniemi, Program Evaluation Project Manager
- Des O'Flaherty, Director
- Linda Ladouceur, A/Program Evaluation Project Manager

EG was assisted in this task by the firm of Jamieson, Beals and Lalonde.

The following personnel from the Division of Aging and Seniors were also active participants in the process:

- Susan Fletcher, Director,
- Nancy Garrard, Manager, Planning and Management Services
- Robert Matte, Planning Officer

Introduction

Why an Evaluation Framework?

On April 1, 1993, the federal government announced that it was providing $170 million over the next five years to continue the Seniors Strategy implemented in 1988. The Seniors Strategy refers to those programs which come under the mandate of Health Canada.[1] The Strategy was renewed with an understanding with Treasury Board (TB) that an evaluation of the total Strategy would be undertaken.

The need therefore exists to develop an evaluation framework that will guide the on-going monitoring mechanisms for the Strategy projects and ensure that an assessment of its impacts can be carried out in the future. More specifically, this evaluation framework will prepare the evaluation process by:

- clarifying the objectives, activities, outputs and effects of the Division of Aging and Seniors/Seniors Strategy (DAS/S);
- identifying questions to be addressed at the time of final evaluation in 1996-97;
- describing ongoing data collection requirements; and
- proposing an overall evaluation design.

Key Players in the Evaluation Framework Process

The Evaluation Group (EG) within the Policy and Consultation Branch (PCB) worked jointly with the DAS/S staff in developing the evaluation framework.

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[1] Other federal departments also have seniors programs (eg. the Old Age Pension, the Canada Pension Plan, and the Guaranteed Income Supplement all come under the authority of Human Resources Development Canada). These programs are not covered by this framework.

Contents of the Report

A description of the various features of the DAS/S can be found in the first chapter which is entitled "Description and Organization". The understanding gained in Chapter One then becomes the basis for determining the manner and extent to which the activities under the DAS/S should be evaluated in the future. The recommended evaluation design is presented in Chapter Two.

Chapter One - Description and Organization

Introduction

This chapter provides an overview of the DAS/S. It does so by:

- providing background information on seniors in canada and a history of the Division of Aging and Seniors/Seniors Strategy; and
- clarifying the objectives, program elements, activities, outputs, impacts, resources and clients of the DAS/S.

Background

Seniors are the fastest growing segment of Canadian society. In 1971 Canadians aged 65 and over numbered about 1.75 million and represented 8.1 percent of the population. At that time, the average Canadian woman in the 65-70 age group was expected to live an additional 17.6 years and the average Canadian man in the 65-70 age group was expected to live another 13.8 years.

By 1991 the population of Canada included almost 3.2 million seniors, who then accounted for 11.6 percent of the population. Their life expectancy had improved over the decades. The average Canadian female aged 65 could expect to live an average of 19.6 years; her male counterpart could expect to live another 15.4 years.

The seniors population will soon be influenced by the aging of the baby boomers, who are now in their late thirties and forties. By 2011, the seniors population is projected to number 4.9 million. Because the historically low birth rates in Canada are expected to continue into the next century, seniors will represent about 15.4 percent of the Canadian population at that time.

Within the seniors population, the 80+ age group, for which both the number and severity of health problems increases dramatically, has been the fastest growing segment. Between 1975 and 1986 the rate of growth of the 80+ age group was four times greater than the growth in the general population. Seniors aged 80+ are expected to double in number from 666,000 in 1991 to 1.4 million in 2011, by which time more than one quarter of the seniors population will be 80 years of age or older.

These demographic trends have implications for the health care system, as well as in other areas in which governments play a role, such as pensions, transportation, and housing.

History

The antecedents of the Seniors Strategy date to 1972, when the former Department of National Health and Welfare (now Health Canada) first established the original New Horizons program to fund projects undertaken by groups of seniors. Its objective was to enable older, retired Canadians to plan, operate and participate in meaningful activities of their own choosing that were beneficial to them, other older people, and their communities.

In 1980, the Minister of Health and Welfare recognized the need for independent advice and research on seniors and aging issues, and established the National Advisory Council on Aging (NACA). This independent body of up to 18 appointed members from all parts of Canada was created to assist and advise the Minister on all matters affecting seniors.

In August 1987, in response to awareness that seniors represented a growing proportion of the population, the federal government appointed a Minister of State for Seniors. This was followed by the announcement in February 1988 of a five-year Seniors Initiative, which consisted of:

- the creation of a Seniors Secretariat in Health and Welfare Canada, to provide support to the Minister of State for Seniors, and to consult with other departments and provincial government and non-governmental agencies to share information, sponsor meetings and workshops, and develop publications;

- funding for research on diseases affecting seniors independence (Seniors Independence Research Program - SIRP);

- the creation of the Seniors Independence Program (SIP) providing funding to stimulate the broad voluntary sector to form effective partnerships with seniors to develop innovative approaches to support seniors' independence and quality of life;

- increased funding for the New Horizons (NH) program; and,

- increased financial support for the National Advisory Council on Aging.

A small amount of financial support was given to the Health Policy Division to provide analysis, advice and information to the Minister of National Health and Welfare and the Minister of State for Seniors on seniors/aging health and social policy issues.

These various seniors-related components were separate entities, and were dispersed in several locations within the Department.

In April 1993, Cabinet renewed the Seniors Strategy for a second five-year period, to build on the achievements of the first initiative while introducing innovative elements encouraging the development of new partnerships addressing aging issues. Funding of $170 million over five years was allocated to the renewed Strategy, including $149 million for seniors community programs funding. Combined with A-base funds already allocated to New Horizons and the National Advisory Council on Aging, a total of $234 million was to be available through the renewed Strategy to enhance the independence and quality of life of seniors.

The renewed Seniors Strategy retained funding for the elements of the initial initiative, namely New Horizons, the Seniors Independence Program, the Seniors Independence Research Program, the National Advisory Council on Aging and the Seniors Secretariat, as well as for the Health Policy Division. The renewed Strategy also comprised two new components:

- the Ventures in Independence funding program, to involve seniors in new partnerships with business, labour and other levels of government to address issues of aging and independence; and,

- the development of a Federal Policy on Aging, to support the preparation of a comprehensive agenda for action on issues of importance to seniors and an aging population in the 1990s and beyond.

At the time of the renewal, the Department made a commitment to prepare and submit to the Treasury Board an evaluation framework to identify how it would evaluate the renewed Seniors Strategy.

A number of events have influenced the renewed Seniors Strategy. Government restructuring in June 1993 saw the creation of a re-mandated health portfolio, focussing on the challenges of a sustainable health system in Canada. At the same time, the position of Minister of State for Seniors was abolished, and the Minister of Health became the Minister Responsible for Seniors. The 1993 *Report of the Auditor General of Canada* observed a need for increased coordination of seniors-related activities and for more rigorous evaluation of the performance and effectiveness of seniors programs.

In April 1994, pursuant to internal Health Canada (HC) reviews and the Auditor General's recommendations, a decision was taken to create a Seniors Directorate (now called the Division of Aging and Seniors)[2] in Health Canada, and to merge the majority of Health Canada seniors programs, and therefore the major elements of the Seniors Strategy. This entailed bringing together most of

[2] As part of restructuring in the Health Promotion and Programs Branch the name of the Seniors Directorate was changed to the Division of Aging and Seniors in October 1995. The Division is part of the Population Health Directorate.

the advisory, policy, research, programming, communications, consultation and administrative functions into a single organization. This merger strengthened Health Canada's coordination of the various elements of the renewed Strategy. Within the Division itself, dedicated resources were assigned to coordination and liaison activities, and to the monitoring of the overall Strategy.

Subsequently, in July 1994 Cabinet approved merging the three Seniors Community Programs – New Horizons, the Seniors Independence Program, and Ventures in Independence – which previously had operated under distinct operational requirements, into a single reoriented New Horizons: Partners in Aging (NHPA) program that served all applicant groups of the previous three programs.

Some elements of Health Canada's Seniors Strategy still reside outside of the Division of Aging and Seniors proper. However, these organizations work in close collaboration with the Division of Aging and Seniors to deliver parts of the Seniors Strategy.

- The Health Promotion and Programs Branch Regional Offices (HPPBRO) share joint responsibility with the Division of Aging and Seniors for the delivery of seniors community funding programs, within guidelines and priorities established in partnership with the Division of Aging and Seniors.

- The Extramural Research Division of the Research and Program Policy Directorate administers the Seniors Independence Research Program and carries out the peer review and financial management of seniors research; National Welfare Grants also occupied this role at earlier stages of the Strategy. SIRP includes a community researcher award program to support placement of researchers in community agencies to conduct research in the field of seniors and aging.

- The National Advisory Council on Aging sponsors and conducts studies on aging and aging-related issues, and provides advice on seniors issues to the Minister. NACA receives research and secretariat support services from the Division of Aging and Seniors.

- In the Policy and Consultation Branch, the Health Policy Division provides specialized assistance to the Minister in the form of research and analysis and policy advice on issues and activities, such as federal/provincial/territorial health renewal, that impact on the health of older Canadians.

Objectives

The main responsibility of the Division of Aging and Seniors is to implement the Seniors Strategy, through its own operations and through the activities of its partners, such as the HPPBROs, Extramural Research Division, NACA, and the Health Policy Directorate.

The objectives of the Seniors Strategy were included in the various activities of its constituent elements. Upon the establishment of the Division of Aging and Seniors, these objectives were reviewed and interpreted in the context of strategic directions for a merged organization. The Strategy objectives are reflected and incorporated as part of the Division's long-term strategic directions, namely:

> **To improve and preserve the health, independence and well-being of seniors in Canada.**
>
> **To increase society's understanding and acceptance of aging and seniors.**
>
> **To eliminate barriers to the involvement and participation of seniors in society.**

The Division of Aging and Seniors has also set goals consistent with Strategy objectives, with short-term sub-goals which may be achieved during the life of the current Strategy. These goals and sub-goals are:

1. **To stimulate and increase the development, analysis, consolidation and dissemination of knowledge on aging and seniors issues.**

    a. To strengthen research and develop knowledge, within identified and emerging priorities, on the broader determinants of healthy aging, and on seniors living in situations of risk or the prevention of such situations.
    b. To share and increase the use of knowledge concerning aging and seniors issues in policy and program development, both within the federal government and by provinces and key stakeholder groups.
    c. To foster and strengthen the acquisition, consolidation, analysis and evaluation of knowledge on aging and seniors issues.
    d. To broaden and strengthen the Division's knowledge and expertise base in a learning environment.

2. **To develop and promote integrated and effective policies, programs, services and strategies appropriate for seniors and an aging society.**

   a. To develop and support innovative programming involving seniors that supports national and regional priorities directed to seniors in situations of risk or the prevention of such situations, including the development of working relationships, partnerships and collaborations with other stakeholders and resources in the field of aging and seniors issues.
   b. To influence and guide the direction, content and effectiveness of Health Canada and federal decisions, policies, programs and strategies that impact on seniors and an aging society.
   c. To advise on and guide the direction, content and effectiveness of seniors/aging policies and programs by stakeholders outside the federal government, such as provincial governments, voluntary organizations, professional associations and the private sector.

3. **To promote and increase the realistic portrayal of aging and seniors.**

   a. To present seniors as valued contributors to society, in all Division activities, communications and educational initiatives.
   b. To contribute to the dispelling of myths and misconceptions concerning Canadian seniors and an aging society.

4. **To increase the opportunities for seniors to make informed choices regarding their health, independence and well-being.**

   a. To provide factual information to seniors to assist them in making informed decisions with regard to the preservation and enhancement of their health, independence and well-being.
   b. To support and enhance seniors' involvement, empowerment and decision-making ability with regard to issues that affect them.
   c. To improve seniors' access and exposure to communications, information and knowledge resources.

5. **To support the National Advisory Council on Aging in the fulfilment of its mandate.**

Program Elements

The Division of Aging and Seniors and the Seniors Strategy comprise four Program Elements: seniors community programs funding; the Seniors Independence Research Program; policy coordination and support to the Minister; and support to the National Advisory Council on Aging. Each of these in turn has specific objectives that contribute to the overall achievement of the Division's and Seniors Strategy's long and short-term goals.

Seniors Community Programs Funding

The program element includes the various contribution funding programs – New Horizons, Seniors Independence Program, Ventures in Independence and New Horizons: Partners in Aging – in the various seniors community funding profiles of both Strategies. The first three of these programs were amalgamated into New Horizons: Partners in Aging effective April 1, 1995.

New Horizons and SIP were programs funded under the first Seniors Strategy. They provided funding opportunities to groups and organizations for projects aimed at improving the health, independence and well-being of Canada's older population. SIP funded projects that developed innovative approaches to improving the quality of life of seniors, and/or expanded services in support of seniors independence. New Horizons provided opportunities for older, retired Canadians to plan, operate and participate in meaningful activities of their own choosing which proved beneficial to themselves, other people and their communities.

Under the renewed Seniors Strategy, the seniors community funding programs, including the new Ventures in Independence program, were reoriented to fund projects to help seniors who were most "at risk". Their specific objectives were:

1. To involve seniors, particularly those in conditions of risk, in action which maintains and enhances their independence and quality of life and contributes to their community;

2. To promote effective partnerships among seniors, their organizations, and other interested stakeholders in the development of innovative approaches to meet the needs of seniors, particularly those in conditions of risk, and other vulnerable members of their communities; and,

3. To encourage positive societal attitudes toward aging including the recognition of seniors as contributors to society.

The objectives of New Horizons: Partners in Aging comprise and supplement the objectives of the three former programs. Its objectives are:

1. To meet the needs of seniors in situations of risk or preventing situations which put seniors at risk. (This is the primary objective of the program which all projects must meet.)

2. To find innovative approaches and solutions and evaluating and sharing project results.

3. To build partnerships between seniors and others interested in working on issues that face seniors and an aging society.

The Division of Aging and Seniors is responsible for the development of overall program policies and the achievement of its objectives in partnership with the Health Promotion and Programs Branch Regional Offices. New Horizons: Partners in Aging is the largest part of the current Division budget, with contribution funding of $18 million in fiscal year 1995-96.

Seniors Independence Research Program

The objective of the Seniors Independence Research Program (SIRP) is to strengthen national research with a balanced emphasis on social, economic and health determinants of independence, including Alzheimer's disease and other dementias, for both today's and tomorrow's seniors.

The current priorities of SIRP are:

- to encourage multidisciplinary research to provide relevant and practical information on aging issues;

- to focus research on the main social, economic and health factors influencing the independence of seniors;

- to further study Alzheimer's Disease and other dementias;

- to continue the development of research on osteoporosis;

- to facilitate data analysis of large surveys;

- to disseminate research findings completed during the first and second initiatives and their implications for target audiences, especially seniors, their caregivers and planners;

- to monitor health problems of seniors and develop strategies to reduce their impact; and,

- to strengthen Canada's health and social research capacity.

SIRP works with the research community through the SIRP Advisory Committee, which includes researchers, representatives of seniors as well as of non-governmental organizations and specialists on dissemination of findings. The Extramural Research Division is directly involved, as was National Welfare Grants in the past, in the management of SIRP; ERD also collaborates actively with the SIRP Advisory Committee. Universities, centres on aging and policy makers at the provincial level are also regular partners in SIRP activities.

SIRP components within the Division of Aging and Seniors are responsible for the coordination of the program and for the support to the operations of the SIRP Advisory Committee. They are also responsible for disease surveillance and risk assessment activities.

Policy Coordination and Support to the Minister

The policy coordination and support element of the Division of Aging and Seniors is responsible for providing expertise and leadership on seniors and aging issues, and coordinating Health Canada, other federal government and federal/provincial/territorial initiatives on seniors and aging issues, as well as providing education and information to the public. This element, which claims the majority of Division human resources:

- provides analysis, policy, communication and administrative support to the Minister, in his or her functions of Minister of Health and Minister Responsible for Seniors, on the management of issues pertaining to seniors and aging;

- provides support to the Federal/Provincial/Territorial Ministers Responsible for Seniors and the attendant F/P/T Committee of Officials;

- advises the Minister of Health and federal departments and agencies on the needs, priorities, strategies and programs related to aging and seniors issues;

- coordinates and manages the federal Seniors Strategy, and other federal and Health Canada activities pertaining to aging and seniors issues;

- provides educational and information services on seniors and aging issues to Canadian seniors and the Canadian population, including conducting communications and public education campaigns and providing information services;

- develops and coordinates federal policies on aging, and interdepartmental and federal/provincial/territorial shared initiatives related to seniors and aging issues;

- develops consultations, coordination, collaborations and partnerships pertaining to policies, programs and research to improve and enhance the health, independence and well-being of seniors; and,

- monitors, identifies and assesses priority issues and trends related to the health, independence and well-being of seniors, and the aging of the Canadian population.

National Advisory Council on Aging

The mandate of the National Advisory Council on Aging (NACA) is to advise the Minister of Health on all matters related to the well-being of seniors and to the aging of the Canadian population. NACA is the only national body independent of government that provides social policy research, advice and education on aging/seniors issues. Through NACA, the government:

- receives advice based on state-of-the-art research;

- promotes understanding of and sensitivity to the concerns of older Canadians;

- acquires support and expertise in the development of policies on aging seniors; and,

- provides a vehicle, through NACA's publications, for public and professional education.

The Division of Aging and Senior is responsible for the research, policy, communications and administrative support to NACA.

Authorities

The authority for the Division of Aging and Seniors and the Seniors Strategy is summarized below.

> The Department of National Health and Welfare Act establishes the Department and gives it responsibility in matters of health over which the Parliament of Canada has jurisdiction. General authority for all sub-activities is given in the Department of National Health and Welfare Act, Section 4, which states that "the duties, powers and functions of the Minister extend to and include all matters relating to the promotion or preservation of the health, social security and social welfare of the people of Canada."[3]

Legislation, Cabinet Decisions and Memoranda of Understanding which apply specifically to the Seniors Strategy include the following:

> The National Advisory Council on Aging was created by an Order in Council on May 1, 1980 under Section 5 of the National Health and Welfare Act.
>
> The Seniors Strategy was established on April 1, 1988 pursuant to Cabinet approval in January 1988.
>
> Renewal of the Seniors Strategy received Cabinet approval in April 1993 for a further five-year term starting April 1, 1993.
>
> Reorientation of the Seniors Community Programs was approved by Cabinet in July 1994.

Organization Structure

The Division of Aging and Seniors comprises seven functional units.

> **Office of Consultation, Coordination and Partnership Development**
>
> **Office of Public Affairs**
>
> **Program Development and Management Unit**

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[3] As a result of the June 23, 1993 reorganization of federal government departments, the Department of National Health and Welfare Act is to be replaced by another Act. Income Security, for example, is now the responsibility of Human Resources Development Canada.

Planning and Management Services Office

Office of Strategic Policy

Office of Strategic Research

Aging-Related Diseases Program

The Division tasks members of the various functional units to work on a variety of client, issue or project teams to address priorities identified in the context of the Division's strategic plan. The current priorities of the Division are:

- **to develop Federal and National Frameworks on Aging including a federal/provincial/territorial monitoring and assessment model;**
- **to enhance the understanding and dissemination of knowledge concerning seniors living in situations of risk or the prevention of risk situations;**
- **to enhance the understanding and dissemination of knowledge on the broader determinants of healthy aging;**
- **to develop strategies to reduce preventable injuries;**
- **to develop strategies to reduce the inappropriate use of medication by seniors; and,**
- **to support NACA priorities.**

Activities

The activities of the Division of Aging and Seniors are not organized by Program Elements. Rather all functional units contribute to the planning, development and implementation of the various aspects of the Program Elements as appropriate. In addition there are a variety of client, issue and project teams that have been established to implement cross-Division priorities.

The major activities of the functional units of the Division of Aging and Seniors are listed below.

Office of Consultation, Coordination and Partnership Development

The major activities of this Office involve consulting with and coordinating client and stakeholder contact with the Division. This includes carrying out liaison activities to share information and gather intelligence on behalf of the Division as a whole, and establishing partnerships for shared action and coordinating Division responses. This Office is a key contact with NACA members, with seniors and seniors organizations, and other stakeholders in the field of aging.

Office of Public Affairs

The main activities of this Office involve developing and implementing information/communication/education plans and projects for the Division of Aging and Seniors as a whole. It is responsible for providing strategic communications advice, responding to public enquiries for information on seniors and aging issues, and coordinating the development of and access to a wide variety of information and communications materials including publications and audio-visual materials.

Program Development and Management Unit

The main activities of this Unit are to design and develop policies, procedures and guidelines to implement the objectives of New Horizons: Partners in Aging, and to support the delivery of the national projects component of this Program. This Unit coordinates the overall program delivery across all the regions and nationally, and is responsible for developing program/project evaluation and knowledge dissemination strategies.

Strategic Planning and Management Services Office

This Office is responsible for coordinating strategic and operational planning and evaluation for the Seniors Strategy, the Division of Aging and Seniors and NACA, as well as advising the Division on its present and future resource management concerns. It provides administrative, technical, professional and management support to all operations of the Division.

Office of Strategic Policy, Office of Strategic Research and Aging-Related Diseases Program

These three functional units work in close collaboration on seniors/ aging research and policy issues. The main activities of these units entail conducting ongoing monitoring and analysis of broad aging-related issues and trends, providing multisectoral policy and research advice, coordinating and promoting intersectoral research and policy collaboration within Health Canada and the federal government, and conducting research and surveillance activities to identify disease issues and trends of national importance.

In addition to these collaborative activities, each Office/Program is responsible for distinct functions. The Office of Strategic Policy is responsible for the development and coordination of the National Framework on Aging and the federal policy framework on aging, and provides coordination and support to the F/P/T Ministers Responsible for Seniors and the F/P/T Committee of Officials. The Office of Strategic Research is responsible for the coordination of the Seniors Independence Research Program and conducting research on behalf of NACA, while the Aging-Related Diseases Program is responsible for aging-related disease surveillance and risk assessment, including the joint coordination of the Canadian Study of Health and Aging.

Outputs

Outputs are those goods or services which are produced or directly controlled by the Division of Aging and Seniors and distributed outside the Division. In a general sense the outputs of the Division of Aging and Seniors can be grouped in the following categories:

- advice on seniors and aging issues;
- information and knowledge in the field of seniors and aging;
- public education materials and strategies;
- models of service delivery and programming pertaining to seniors living in situations of risk; and,
- partnerships and networks in the field of seniors and aging issues.

Specific Outputs

- Identified priorities at the national and regional level for funding of community-based projects targeted to seniors living in situations of risk or the prevention of risk situations.
- Funded community-based projects targeted to meeting identified national and regional priorities for seniors living in situations of risk or the prevention of situations of risk.
- Evaluations of the effectiveness of projects for seniors living in situations of risk or the prevention of risk situations.
- Roundtables, seminars, workshops, reports and publications on the results from project funding (community and research projects).

- Effective models and resource materials, to assist and enable seniors living in situations of risk to retain their health, independence and well-being, developed and distributed to other stakeholders concerned with seniors issues and services.

- Partnerships and alliances with other stakeholders including shared funding initiatives related to projects directed to seniors living in situations of risk.

- Collaborative agreements with organizations at other levels of government or in the private, non-government, and voluntary sectors for the design, development, modification and evaluation of programs and services for seniors.

- Research into the health of seniors, aging-related diseases, programs and activities that promote and preserve the health of seniors, and approaches for the care and treatment of aging-related conditions and diseases.

- Research results/products and knowledge on seniors living in situations of risk or the prevention of such situations, the broader determinants of healthy aging, the main determinants impacting on the independence of seniors, aging-related diseases (including Alzheimer's disease and osteoporosis) and attendant risk factors, and the multisectoral/ intersectoral impacts of programs and policies affecting seniors.

- Reports identifying trends in the health and other conditions affecting seniors, and the importance of these in terms of their impacts on the Canadian health system.

- Applied research and research products (e.g., research reports) on aging and seniors issues that inform policy makers.

- SIRP Advisory Committee recommendations for the Deputy Minister on the program orientation for SIRP.

- Advice to the Minister and to the federal government on aging-related issues and needs of seniors.

- Strategic communications advice to the Minister and Health Canada.

- Identified policy principles, guidelines and vision for the development of the National and Federal Framework on Aging.

- Policy and discussion papers on issues facing Canadian seniors and the impacts of these on Canadian society, and in particular on the Canadian health system.

- NACA position papers and advice to the Minister on seniors- and aging-related issues.

- Intersectoral research and policy consultations and meetings (e.g., Interdepartmental Committee on Seniors Issues[4]).

- Consultations, conferences and meetings with seniors, seniors organizations, other federal departments, other levels of government and private sector associations, to develop consensus on priority issues and policies and to establish shared cooperative approaches in response to them.

- Public education materials produced and distributed (publications, pamphlets, newsletters, promotional activities, magazines, Internet products, audio-visual materials, exhibits, speeches, posters, etc.).

- Advice and responses to enquiries by seniors, seniors organizations, other levels of government and jurisdictions, academics and researchers, the private sector and the general public.

Impacts

Impacts and effects are the results of the outputs (goods, services and input to policy and regulations) produced by the Division of Aging and Seniors and the Seniors Strategy which occur in society.

Impacts can be categorized as short-term (achievable by the end of the current Seniors Strategy) and long-term (societal changes).

Short-term impacts

- Increased harmonization/integration (less duplication and/or fragmentation) of federal government programs/ policies related to seniors.

- Federal decisions affecting seniors based on the federal policy framework on aging, NACA advice, input from seniors, and aging-related research/knowledge from SIRP and seniors community funding projects.

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[4] This Committee was established to improve the federal government's response to the needs of seniors and of an aging population. Its membership consists of Assistant Deputy Ministers (ADM)/Delegates from the various federal departments and agencies who have an interest in this field. It is chaired by the ADM of Health Promotion and Programs Branch, Health Canada. Secretariat services are provided by the Division of Aging and Seniors.

- Increased strategic direction within Health Canada for policies and programs directed to seniors.

- Increased participation and contribution by all sectors in collaborative activities related to seniors issues, including those directed to seniors living in situations of risk.

- Increased number of evaluations of programs and services that are targeted and tailored to the identified needs of seniors, including seniors living in situations of risk.

- Generation and improved dissemination of knowledge on seniors- and aging-related issues.

- National information base on aging-related risk factors, determinants of aging, and seniors and aging-related issues and services.

- Use of research knowledge and project evaluations by governments in policy development, program design and service delivery.

- Development of more innovative programs and services targeted and tailored to the identified needs of seniors, including seniors living in situations of risk.

- Development of networks of researchers in the field of seniors and aging issues.

Long-Term Impacts

- Use of the Federal Policy Framework on Aging by all sectors and government departments.

- Better understanding and more effective use, by key stakeholders, of health, social, community and family support services to meet the needs of seniors.

- Better understanding by key stakeholders of the cumulative impact of the range of determinants affecting healthy aging.

- Greater number, and greater proportion, of seniors living independently in their community, and living to an older age in non-institutional settings.

- Increased awareness of and changed behaviour associated with the benefits stemming from healthy aging practices throughout the life span, and reduced incidence of aging-related illnesses that are influenced by life choices and other disease-prevention practices.

- More appropriate level of utilization of health care facilities, services and products by seniors in given age groups.
- More extensive involvement of private and non-governmental sector organizations in providing services tailored to the needs of seniors.
- More positive attitudes towards and better understanding of seniors and aging by all Canadians.

Resources

The allocation of funds for all Division of Aging and Seniors and Seniors Strategy initiatives for fiscal year 1995-96 is described in the following table, which combines continuing and Strategy-limited financial resources as of April 1, 1995.

Table 1.
Division of Aging and Seniors/Seniors Strategy – Financial Resource Summary for FY 95-96

Program Element	Operating budget	Grants and contributions budget	Total budget	Percentage of total budget
New Horizons: Partners in Aging	$3,240,000	$18,000,000	$21,240,000	64.1%
Seniors Independence Research Program	$510,000	$4,345,000	$4,855,000	14.7%
Policy Coordination and Support to the Minister	$6,673,000	—	$6,673,000	20.1%
National Advisory Council on Aging	$350,000[5]	—	$350,000	1.1%
Total for all Program Elements	$10,773,000	$22,345,000	$33,118,000	100.0%

as of April 1, 1995

[5] Division support to the National Advisory Council on Aging is included in the operating budget of the Policy Coordination and Support to the Minister program element.

Clients

The Division of Aging and Seniors' direct clients and partners include:

Federal Government

The Division of Aging and Seniors provides advice, research findings and forecasts on seniors and aging issues to the Minister of Health, other Directorates in Health Canada, and other federal Departments and Agencies (e.g. the Income Security Programs Branch of Human Resources Development Canada, Parks Canada Branch of Canadian Heritage, CMHC).

The Division of Aging and Seniors provides support to the National Advisory Council on Aging, to the SIRP Advisory Committee and to the Interdepartmental Committee on Seniors Issues. Such support may include providing administrative support, organizing meetings and events, and carrying out research on issues of interest.

Provinces/Territories

The Division develops partnerships and collaborative initiatives with provincial/territorial governments and stakeholders, provides funding support for research and community projects on seniors issues of interest to provinces and shares information on the results of research and policy studies, coordinates national meetings for exchange of information, and provides support on issues to the Federal/Provincial/Territorial Ministers of Health and Ministers Responsible for Seniors.

Seniors and Seniors Organizations

Seniors and seniors organizations represent the core external clients and partners of the Division of Aging and Seniors and the Seniors Strategy. The importance of seniors participation and involvement in Division of Aging and Seniors activities is explicitly recognized and expressed in the Division's guiding operating principle:

> *It is understood that in executing all of its roles and responsibilities, the Division of Aging and Seniors will endeavour to ensure the meaningful participation of seniors in federal decisions and activities that affect them.*

By acting as the link between seniors and the federal government, the Division supports and stimulates the exchange of information and the participation of seniors and their representatives in federal planning and decision making, as well as providing specialized advice in the field of aging and seniors issues.

Partners in Community Programming

Because of the importance of the impacts of the aging of Canadian society, partnerships must be developed to achieve a healthy aging population. Seniors community programs funding, like all Division elements, is committed to partnership approaches in the accomplishment of its objectives and activities.

Seniors, non-governmental organizations, other levels of government, business and labour are important contributors to seniors community programs, where their commitment of financial, material and human resources in shared initiatives maximizes the impact of the program on the health, independence and well-being of seniors living in situations of risk.

Researchers

The Division through the Seniors Independence Research Program and other initiatives supports seniors- and aging-related research initiatives. Partners include researchers and academics, universities and research centres, and gerontological associations. The SIRP Advisory Committee also includes representatives from the research community.

NGOs

These include professional associations, research centres, and voluntary agencies (e.g. Canadian Medical Association, Canadian Association on Gerontology, etc.) which are partners in joint activities with the Division of Aging and Seniors. The Division exchanges information with NGOs on issues, programs and research pertaining to seniors and aging, as well as developing partnerships and collaborative initiatives with them.

Public/Consumers

The Division responds to inquiries and complaints from seniors or their representatives (e.g., families), the media and Members of Parliament regarding programs, services and policies for seniors and provides a variety of advice and information services and products.

International Clients

The Division monitors seniors- and aging-related programs and services and maintains liaison with other jurisdictions (e.g., United States of America, the United Kingdom and Australia). In addition, the Division exchanges information with international organizations such as the International Federation on Ageing and the United Nations, and acts as federal representative in international initiatives such as the International Year of Older People 1999.

Chapter Two - Evaluation Design

Introduction

This chapter proposes an approach for evaluating the effectiveness of the Division of Aging and Seniors and the Seniors Strategy (DAS/S). It does so by first identifying those questions which will need to be addressed at the time of the final evaluation of the DAS/S. Secondly, it proposes an evaluation design for making the best use of possible methodologies.

This part of the evaluation framework is also to serve as a reference document in terms of the data that needs to be collected for the final evaluation study as well as for regular monitoring purposes.

Evaluation Questions

The proposed evaluation questions are grouped under the three broad priority areas for program evaluations, as described by the Treasury Board Secretariat. These are:

a) program relevance,
b) program success, and
c) cost-effectiveness.

Please note that in this instance, "program" refers to the DAS/S. Each evaluation question was rated separately against the following criteria:

- Is it possible to answer this question?
- Is it likely that a program evaluation would be able to produce credible evidence to answer this question or reduce or eliminate uncertainty about the answer?
- Is the issue of sufficient importance to the final evaluation?
- Is the likely cost of getting an answer justifiable in light of the preceding criteria?

A. <u>PROGRAM RELEVANCE</u>

1. Is there still a need for a program dedicated to enhancing the health, independence and well-being of seniors? If so, which groups of seniors and which priority needs should such a program address?

2. Is there a continuing role for the federal government and Health Canada to intervene in the promotion of the health, independence and well-being of seniors?

B. PROGRAM SUCCESS

3. To what extent has the DAS/S had a direct impact on the health, independence and well-being of seniors, including those seniors living in situations of risk?

4. Has the DAS/S met its short-term goals/objectives, without significant unwanted outcomes? To what extent does the work accomplished to date contribute to the DAS/S' long-term strategic directions?

5. To what extent has the DAS/S addressed priority needs of seniors and an aging society?

6. To what extent has the DAS/S supported the development of innovative programming?

7. To what extent have the collaboration/partnership projects[6] and activities supported by the DAS/S contributed to meeting the priority needs of seniors?

8. To what extent has the DAS/S contributed to the development, improvement and/or expansion of services designed to enhance the health, independence and well-being of seniors?

9. To what extent has the DAS/S induced its partners, including seniors, to contribute resources, either financial or in-kind, to collaborative/partnership[7] activities?

10. To what extent has the DAS/S increased knowledge on, and the number of useful resources available to and for, seniors and an aging society?

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[6] Unless specifically stated, projects are meant to include NACA, SIRP, and NHPA funded projects and internal projects that are undertaken in pursuit of the objectives of the DAS/S.

[7] Collaboration and partnership are approaches that aim at bringing together sectors of society that share common concerns or interests to seek effective ways of cooperating or working together to maximize efforts and resources to achieve the greatest impact. While the two concepts are often used interchangeably, collaborative efforts are viewed generally as involving less formal arrangements among stakeholders than those involved in partnership endeavours.

11. To what extent has seniors community programs funding: enhanced seniors' health, independence and well-being; addressed the priority needs of seniors in situations of risk or in danger of being at risk; supported the development of innovative programming; and increased the collaboration/ partnership opportunities among seniors, and between seniors and other sectors of society on issues pertaining to seniors and aging issues?

12. To what extent has the DAS/S added to the knowledge of the factors that will assist seniors in situations of risk or in danger of being at risk to retain or enhance their health, independence and well-being?

13. To what extent have SIRP projects and activities added to the knowledge of the social, economic and health determinants of the independence of seniors and approaches to the care and treatment of aging related conditions and diseases?

14. Has the DAS/S implemented a strategy to manage and disseminate the knowledge generated by DAS/S activities and projects?

15. What have been the effects of the seniors community funded projects, beyond the direct benefits generated, in terms of continuing/new projects, activities and collaboration/partnership after the initial funding ceased? What were the characteristics of those projects that had on-going benefits?

16. To what extent has the DAS/S influenced policies and programs of Health Canada, other federal government departments, and the private and voluntary sectors directed to seniors and an aging society? In what way? What methods are most successful?

17. To what extent has the DAS/S promoted and increased the realistic portrayal of aging and seniors?

C. COST-EFFECTIVENESS

18. What mechanisms or approaches would be most cost-effective and appropriate for the federal government and Health Canada to pursue in light of governmental and non-governmental priorities and concerns in the area of seniors and aging issues?

19. What would be the most cost-effective and appropriate structures for supporting these mechanisms or approaches?

20. Which activities and projects were most effective? What characterized the most effective projects and activities from the less effective ones?

21. Could the same or greater impacts have been achieved through other less costly activities or more efficient use of resources?

22. Do the various activities of the DAS/S, other departmental activities, and activities outside the Department complement and supplement one another or is there overlap and duplication?

23. Were appropriate systems established or mechanisms utilized to coordinate, monitor and evaluate the DAS/S?

Performance indicators for each of the proposed evaluation questions listed above are identified in Appendix A.

Data Collection Requirements and Methods

No institution or organization alone can bring about all the changes required for addressing the challenges that aging presents to the independence and the quality of life of an individual. It is for this reason that the DAS/S is responsible for developing partnerships with seniors and non-governmental organizations, businesses, labour, researchers, centres on aging, professional organizations, federal partners and other levels of governments. In some cases this approach will make attribution of impacts to a particular institution or organization difficult. Nevertheless, the proposed evaluation will seek to determine in the best possible way if the intended effects of the DAS/S have taken place and to what extent. Where feasible and appropriate, consideration will be given to making use of quasi-experimental design to document attribution of impacts.

An important consideration in this evaluation will be the evolution that has occurred over the years in the structure and funding of the Seniors Strategy and its component programs. However, there has been a continuity in many of the objectives of the various programs of the original and renewed Seniors Strategy as they have evolved up to and including the most recent changes. (See Chapter One for more details.) Consequently, it is appropriate to use data on precursor programs in this evaluation, particularly focusing on those objectives which still exist in the current programs. A five-year horizon should be sufficient to provide reasonable data.

The following are important methods to consider in the development of an evaluation design for the DAS/S.

a) DAS/S program and baseline data;
b) evaluations of projects;
c) literature review;
d) interviews with key federal government informants ;
e) interviews with provincial and territorial government representatives;
f) survey (or focus groups) of stakeholders;
g) survey of funding recipients;
h) survey of project beneficiaries;
i) survey of general public clients;
j) case studies; and
k) panel of experts.

Each of these elements is described below.

a) **DAS/S Program and Baseline Data**

Data collected on an on-going basis for purposes of program management and administrative purposes are an important part of the information used during an evaluation. Such data may consist of electronic data bases, project files, financial reports, minutes of meetings, and other files/documents that record the history of a project, program or activity. This information is especially important in that it is considered to be 'fact', rather than 'opinion', and often provides qualitative as well as quantitative information.

In addition to the general data contained in program and project files, the evaluation will use information from administrative systems such as the Program Impact Tracking System, which tracks information for projects undertaken under the Seniors Independence Program, and the activity and accounting reports which contain information on New Horizons projects.

Division files, as well as those from precursor programs, also include data on the situation extant at various points in time related to seniors and an aging society. Furthermore, the DAS/S has been an integral part of the following surveys: General Social Sciences (GSS), Ageing and Independence, and Elder Monitor. Such baseline data will be useful in measuring changes through time in that situation.

b) **Evaluations of projects:**

In recent years, it has become increasingly common for an evaluation component to be developed and included in projects, especially those funded by contributions. The evaluation will use a representative sample of such project evaluations, representing different types of projects:

- funded seniors community projects
- research projects; and
- other DAS/S projects and activities.

The selection of the project samples should ensure the representativeness of such categories as program objectives and desired outcomes, target groups, geographic distribution, dollar value, etc.

In addition to these project evaluations, the evaluation will use information from project assessment reports and systems such as the SIP Program Impact Tracking questionnaires, activity and accounting reports from New Horizons, and impact questionnaires from NHPA. These assessments contain information of an evaluative nature that is directly relevant to this evaluation.

Project evaluations and assessments will contribute to the evaluation as they address what success and impact projects have had in achieving the objectives of the project itself and of the DAS/S. In addition, they will also address process issues that may be useful in responding to evaluation questions on cost-effectiveness.

c) **Literature review:**

A literature review will allow the evaluation team to document any new findings in fields affecting seniors and an aging society. The review would focus on studies that address the needs of seniors, the relevance and effectiveness of interventions for and with seniors, and the spread of new knowledge effected by the DAS/S.

d) **Interviews with key Federal Government informants:**

This methodology would involve conducting interviews with representatives of the Division, Health Canada partners, federal department partners and clients, and NACA Members. The evaluation will seek their input especially on questions of relevance, the extent of

the dissemination of DAS/S knowledge, the influence achieved by the DAS/S on other policy makers, and possible duplication or overlap in activities.

e) **Interviews with Provincial/Territorial government representatives**

Provincial and territorial governments are considered to have a particular stake in many of the issues addressed by the DAS/S. They are presented as a separate methodology to ensure their concerns are highlighted. Both senior management and working level staff would be interviewed. Senior management will be consulted on the same issues as federal government interviewees, but especially concerning relevance and duplication or overlap of programs. Working level staff would, in addition, be asked for input on the relevance and duplication in the projects undertaken by DAS/S.

f) **Survey (or focus groups) of stakeholders:**

This approach would consist of conducting interviews (or focus groups) with the various partners of the DAS/S: seniors' groups, business, labour, provincial/territorial and local governments, universities and centres on aging, professional associations, gerontological associations, and international organizations. The evaluation will seek their input concerning the continued relevance of the DAS/S, and the impact of the DAS/S in general or in relation to specific projects.

g) **Survey of funding recipients**

Interviews or a written survey may be useful in eliciting from funding recipients information related to the specific impacts of their projects, directly on seniors' lives, and in terms of the information, collaboration/partnerships, services or new knowledge generated.

h) **Survey of project beneficiaries:**

Information on the impact of the DAS/S on the lives of project beneficiaries may be available from project evaluations. Alternatively, the program evaluation team could consider carrying out such a survey itself, if the names and addresses of project beneficiaries were available.

i) **Survey of general public clients**

Many individuals (not associated with projects) request specialized advice, information, materials or referrals from the Division. The Division maintains information on the individuals who have made such requests in writing, and it should be possible to identify a sample who

could be surveyed about their experiences with the Division or its precursors, and the usefulness of the information provided to them. Such a survey may be through a written questionnaire or through telephone interviews.

j) **Case studies**

Case studies are a good way of exploring not only the impact of a project or activity, but also the reasons behind a project's success or failure, and the lessons to be learned from the experience.

k) **Panel of experts:**

A panel of experts would allow the evaluation team to address some questions on which very little quantitative data is available or can be obtained (e.g. attribution, relevance).

The areas of expertise sought would include:

- seniors and aging issues,
- government/stakeholders relationships (e.g. consultation/ partnership),

The above list of areas of expertise is meant to be illustrative not definitive.

Note that none of the methods proposed is expected to answer any of the evaluation questions completely. Rather, each method constitutes a separate line of enquiry which is expected to complement information obtained from others. Appendix B lists the principal information sources for each evaluation question.

The preceding list of methods is in the nature of a "shopping list". The Evaluation Group, in consultation with the Division, will determine the most cost effective combination of methods at the time of the evaluation. The minimum evaluation option considered at this point is described in Figure 1. It must be noted that answering some of the other evaluation questions would entail only limited incremental costs to this option.

FIGURE 1. - MINIMUM EVALUATION OPTION

QUESTIONS	METHODS	SUGGESTED ELEMENTS	COSTS
All of the following questions would be covered by this minimum option: 1. Need for program 2. Role for federal govt. 3. Impact on seniors 4. Obj. achiev. 18. Alternatives 19. Supporting Structures for alternatives and in part: 11. Obj. achievement of community programs	A. File Review B. Project Evaluations C. Literature Review	· Program management and administrative and financial files · Data bases · Sample of approx. 100 - 125 completed project evaluations · Use of available Program Impact Questionnaires, and Activity and Accounting Reports on completed projects · Various documents · Results from Program Review carried out by SD · Results of Focus Group Testing carried out in June 1995 for Framework on Aging · Results from Policy and Research Symposium in March 1996 · Results from DAS/S team looking at Stats. Can. surveys re: seniors at risk	8 days @ $500=$4000 10 days @ $500=$5000 8 days @ $500=$4000

FIGURE 1. - MINIMUM EVALUATION OPTION (Cont'd)

QUESTIONS	METHODS	SUGGESTED ELEMENTS	COSTS
	D. Key Informants Interviews	· Approx. 100 key informants - reps. from central agencies (approx. 6) - senior managers and staff (incl. regions) at HC (approx. 50) - members of IDC (approx 10) - prov./terr. reps (approx. 28) - members of NACA and of SIRP Advisory Committee (approx. 6) · in-person interviews for those in Ottawa (1½ hours) · at least telephone interviews for remaining group (45 minutes)	35 days @ $500=$17,500 Expenses=$2000
	E. Survey of Beneficiaries	· Sample of approx. 700 beneficiaries from different types of DAS/S projects · Approx. 550 completed telephone interviews (30 minutes)	550 interviews @ $40=$22,000
	F. Stakeholders Focus Groups	· Approx. 10 groups, across Canada. with 8 to 10 participants each · Various stakeholders involved in projects under the DAS/S	25 days @ $500=$12,500 Expenses= $14,000
	G. Expert Panel	· Could also be an expert consultation through a written questionnaire · 7 to 10 experts in relevant fields	10 days @ $500=$5000 Expenses=$5000

FIGURE 1. - MINIMUM EVALUATION OPTION (Cont'd)

OTHER COSTS	COSTS
OVERALL PLANNING (*detailed planning is included in costing for individual methods)	15 days @ $500=$7500
ANALYSIS (including cost and organizational analysis)	50 days @ $500=$25,000
REPORTING	35 days @ $500=$17,500
GRAND TOTAL	**$141,000**

In carrying out its follow-up to the 1993 audit on Seniors Programs, the Office of the Auditor General indicated that this proposed evaluation design would "need to be made more rigorous if the evaluation is to provide the evidence necessary for strategic decisions about continuing, discontinuing or revamping the Seniors Strategy ..." This concern will be taken into consideration as the preparatory work for the evaluation study continues (e.g. terms of reference, request for proposal, detailed evaluation methodology report).

Workplan

The program evaluation of the DAS/S will be initiated early in November 1995. A final report will be available by the end of October 1996 for tabling with the Audit and Evaluation Committee. More specifically, the proposed workplan is as follows:

Milestones	Date
Terms of reference are approved.	Mid-December 1995
A consultant firm is selected.	Early March 1996
Program evaluation study begins.	Mid-March 1996
Data collection is completed.	End of June 1996
Analysis is completed.	End of July 1996
Draft report is completed.	End of August 1996
Final report to A&E Committee.	End of October 1996

Evaluation Resources

The total costs for this study are estimated at $198,000. These costs include consultant work estimated at $150,000 and salary costs at $30,000. The Evaluation Group will spend approximately 5 person-months on this project. Planning of the evaluation will start in 1995-96.

APPENDIX A

QUESTIONS AND INDICATORS

DIVISION OF AGING AND SENIORS/SENIORS STRATEGY (DAS/S)
EVALUATION QUESTIONS PRINCIPAL DATA COLLECTION METHODS

1 November 1995

NOTE: Unless otherwise specified, projects are meant to include NACA, SIRP, and NHPA funded projects and internal projects that are undertaken in pursuit of the objectives of the DAS/S. NACA activities are assumed to be included under all relevant questions. See Chapter Two for a discussion of the methods shown below.

METHOD ▸ / EVALUATION QUESTIONS ▾	DAS/S Data	Project Eval.	Lit. Review	Federal Interv.	Prov/ Terr Interv.	Stake-holders	Funding Recip.	Benefi-ciaries	General Public clients	Case Studies	Expert Panel
A. PROGRAM RELEVANCE											
1. Is there still a need for a program dedicated to enhancing the health, independence and well-being of seniors? If so, which groups of seniors and which priority needs should such a program address?	X		X	X	X	X		X			X
2. Is there a continuing role for the federal government and Health Canada to intervene in the promotion of the health, independence and well-being of seniors?	X		X	X	X	X					X
B. PROGRAM SUCCESS											
3. To what extent has the DAS/S had a direct impact on the health, independence and well-being of seniors, including those seniors living in situations of risk?	X	X		X	X	X		X	X		X

METHOD ▸ / EVALUATION QUESTIONS ▾	DAS/S Data	Project Eval.	Lit. Review	Federal Interv.	Prov/ Terr Interv.	Stake-holders	Funding Recip.	Benefi-ciaries	General Public clients	Case Studies	Expert Panel
4. Has the DAS/S met its short-term goals/objectives, without significant unwanted outcomes? To what extent does the work accomplished to date contribute to the DAS/S' long-term strategic direction?	X	X		X	X	X					X
5. To what extent has the DAS/S addressed priority needs of seniors and an aging society?	X	X		X	X	X		X			X
6. To what extent has the DAS/S supported the development of innovative programming?	X	X		X	X	X	X			X	
7. To what extent have the collaboration/partnership projects and activities supported by the DAS/S contributed to meeting the priority needs of seniors?	X	X		X	X	X	X			X	
8. To what extent has the DAS/S contributed to the development, improvement and/or expansion of services designed to enhance the health, independence and well-being of seniors?	X	X		X	X	X	X	X		X	

METHOD ▸ / EVALUATION QUESTIONS ▾	DAS/S Data	Project Eval.	Lit. Review	Federal Interv.	Prov/ Terr Interv.	Stake-holders	Funding Recip.	Benefi-ciaries	General Public clients	Case Studies	Expert Panel
9. To what extent has the DAS/S induced its partners, including seniors, to contribute resources, either financial or in-kind, to collaborative/partnership activities?	X	X		X	X	X	X			X	
10. To what extent has the DAS/S increased knowledge on, and the number of useful resources available to and for, seniors and an aging society?	X	X		X	X	X	X	X	X	X	X
11. To what extent has seniors community programs funding: enhanced seniors' health, independence and well-being; addressed the priority needs of seniors in situations of risk or in danger of being at risk; supported the development of innovative programming; and increased the collaboration/partnership opportunities among seniors, and between seniors andother sectors of society on issues pertaining to seniors and aging issues?	X	X		X	X	X	X	X		X	X
12. To what extent has DAS/S added to the knowledge of the factors that will assist seniors in situations of risk or in danger of being at risk to retain or enhance their health, independence and well-being?	X	X	X	X	X	X	X				X

METHOD ▸ / EVALUATION QUESTIONS ▾	DAS/S Data	Project Eval.	Lit. Review	Federal Interv.	Prov/ Terr Interv.	Stake-holders	Funding Recip.	Benefi-ciaries	General Public clients	Case Studies	Expert Panel
13. To what extent have SIRP projects and activities added to the knowledge of the social, economic and health determinants of the independence of seniors and approaches to the care and treatmeat of aging related conditions and diseases?	X	X	X	X		X	X				X
14. Has the DAS/S implemented a strategy to manage and disseminate the knowledge generated by DAS/S activities and projects?	X										
15. What have been the effects of seniors community funded projects, beyond the direct benefits generated, in terms of continuing/new projects, activities and collaboration/partnership after the initial funding ceased? What were the characteristics of those projects that had on-going benefits?	X	X		X	X	X	X			X	
16. To what extent has the DAS/S influenced policies and programs of Health Canada, other federal government departments, and the private and voluntary sector, in areas affecting seniors and an aging society? In what way? What methods are most successful?	X		X	X	X	X	X			X	X

METHOD ▸ / EVALUATION QUESTIONS ▾	DAS/S Data	Project Eval.	Lit. Review	Federal Interv.	Prov/ Terr Interv.	Stake-holders	Funding Recip.	Benefi-ciaries	General Public clients	Case Studies	Expert Panel
17. To what extent has the DAS/S promoted and increased the realistic portrayal of aging and seniors?	X	X		X	X	X		X	X	X	X
C: COST EFFECTIVENESS											
18. What mechanisms or approaches would be most cost-effective and appropriate for the federal government and Health Canada to pursue in light of governmental and non-governmental priorities and concerns in the area of seniors and aging issues?	X		X	X	X	X				X	X
19. What would be the most cost-effective and appropriate structures for supporting these mechanisms or approaches?	X		X	X	X	X				X	X
20. Which activities and projects were most effective? What characterized the most effective projects and activities from the less effective ones?	X	X		X	X	X	X			X	
21. Could the same or greater impacts have been achieved through other less costly activities or more efficient use of resources?	X	X		X	X	X	Y			X	X

METHOD ▸ / EVALUATION QUESTIONS ▾	DAS/S Data	Project Eval.	Lit. Review	Federal Interv.	Prov/ Terr Interv.	Stake-holders	Funding Recip.	Benefi-ciaries	General Public clients	Case Studies	Expert Panel
22. Do the various activities of the DAS/S, other departmental activities, and activities outside the Department complement and supplement one another or is there overlap and duplication?	X		X	X	X	X					X
23. Were appropriate systems established or mechanisms utilized to coordinate, monitor and evaluate the DAS/S?	X	X		X							

APPENDIX B

QUESTIONS AND METHODS / INFORMATION SOURCES

DIVISION OF AGING AND SENIORS/SENIORS STRATEGY (DAS/S) **1 November 1995**
EVALUATION QUESTIONS, INDICATORS AND INFORMATION SOURCES

NOTE: Unless otherwise specified, projects are meant to include NACA, SIRP, and NHPA funded projects and internal projects that are undertaken in pursuit of the objectives of the DAS/S. NACA activities are assumed to be included under all relevant questions.

EVALUATION QUESTIONS	PERFORMANCE INDICATORS
A. PROGRAM RELEVANCE	
1. Is there still a need for a program dedicated to enhancing the health, independence and well-being of seniors? If so, which groups of seniors and which priority needs should such a program address?	- unmet needs of seniors - priorities identified by academics, researchers, service providers, seniors' organizations and seniors in terms of seniors' needs - specific needs that put seniors at risk - groups of seniors identified as being at risk
2. Is there a continuing role for the federal government and Health Canada to intervene in the promotion of the health, independence and well-being of seniors?	- seniors' unmet needs which have been identified as having a high priority and which come under the federal government's and Health Canada's mandate - level of priority given by other departments or levels of government, NGOs, business, labour to seniors' issues - number of other groups supporting seniors-related programming and projects, and levels of support - extent of complementarity or duplication between DAS/S activities and those of other stakeholders - level of and need for coordination among the various stakeholders - level of and need for federal leadership in coordination of activities of various stakeholders
B. PROGRAM SUCCESS	
3. To what extent has the DAS/S had a direct impact on the health, independence and well-being of seniors, including those seniors living in situations or risk?	- specific benefits to seniors' health, independence and well-being - skills, expertise and knowledge gained by seniors participating in DAS/S projects
4. Has the DAS/S met its short-term goals/ objectives without significant unwanted outcomes? To what extent does the work accomplished to date contribute to the DAS/S' long-term strategic directions?	- new knowledge developed enhanced seniors' health, independence and well-being - integrated policies, programs, services and strategies appropriate for seniors and an aging society are put in place - seniors are seen as contributors to society - seniors make better informed choices regarding their health, independence and well-being - work accomplished to date goes in the direction of DAS/S' long-term strategic directions - demand for federal government expenditures has not increased as a result of DAS/S - projects are self-sufficient after end of funding - no overlap of activities - provinces/others have no complaints regarding federal involvement - additional resources put into projects by other partners as a result of DAS/S - activities would not have taken place had it not been for DAS/S

EVALUATION QUESTIONS	PERFORMANCE INDICATORS
5. To what extent has the DAS/S addressed priority needs of seniors and an aging society?	- priority needs have been identified - projects and activities address priority issues for seniors (at local, regional and national levels) - projects and activities target priority groups
6. To what extent has the DAS/S supported the development of innovative programming?	- development of innovative approaches that meet the needs of seniors - projects and activities demonstrating innovative approaches and results have been funded - mechanisms exist to ensure that proposed projects or activities are reviewed and assessed to ensure they are innovative
7. To what extent have the collaboration/partnership projects and activities supported by the DAS/S contributed to meeting the priority needs of seniors?	- number of projects and activities involving partners - collaboration/partnership projects are targeted to seniors' priority needs - type and content of consultations by the DAS/S with seniors - types, levels and nature of various partners' participation
8. To what extent has the DAS/S contributed to the development, improvement and/or expansion of services designed to enhance the health, independence and well-being of seniors?	- number of projects funded involving services - types of services developed and provided by funded projects - aspects of health, independence and well-being enhanced by services
9. To what extent has the DAS/S induced its partners, including seniors, to contribute resources, either financial or in-kind, to collaborative/partnership activities?	- types and levels of resources (people, time, materials, dollars) contributed by partners (including seniors) in activities and projects - volunteer hours - types of partners involved in activities and projects
10. To what extent has the DAS/S increased knowledge on, and the number of useful resources available to and for, seniors, and an aging society?	- better knowledge and understanding of issues related to an aging society - population making appropriate changes to knowledge, attitudes and behaviour accordingly (across all dimensions of aging) - positive difference in regard to the health, independence and well-being of seniors - useful public education and research materials produced - demand for and distribution of public education materials, research reports, policy and discussion papers - workshops, meeting, etc., held to disseminate project results - other resources made available, such as trained and better informed volunteers and other services providers - skills and expertise gained by seniors participating in DAS/S projects - networks of researchers created

EVALUATION QUESTIONS	PERFORMANCE INDICATORS
11. To what extent has seniors community programs funding: enhanced seniors' health, independence and well-being; addressed the priority needs of seniors in situations of risk or in danger of being at risk; supported the development of innovative programming; and increased the collaboration/partnership opportunities among seniors, and between seniors and other sectors of society on issues pertaining to seniors and aging issues?	- priority needs of seniors and seniors at risk have been identified - projects address priority issues for seniors at risk (at local, regional and national levels) - % of seniors at risk reached by projects - number and % of innovative projects funded [e.g. projects introduce new approaches or address new issues OR are targeted at a different group of seniors OR will take place in a different milieu (rural/urban)] - range of services addressed by funded projects - increased networking among seniors and between seniors and other sectors in society (e.g. non-seniors groups, NGOs, various levels of government, business and labour) - number of collaboration/partnership opportunities created (by type of stakeholder) - exchange of useful information takes place - collaboration/partnership opportunities created with groups not previously involved with seniors - on-going collaborations/partnerships created - projects would not have gone ahead without DAS/S funds
12. To what extent has DAS/S added to the knowledge of the factors that will assist seniors in situations of risk or in danger of being at risk to retain or enhance their health, independence and well-being?	- relevant research results and evaluative information generated - results and evaluations disseminated to seniors, educators, researchers, policy makers, service developers and providers, and health professionals - utilization of results by health and education professionals, researchers and seniors
13. To what extent have SIRP projects and activities added to the knowledge of the social, economic and health determinants of the independence of seniors and approaches to the care and treatment of aging related conditions and diseases?	- pertinent research carried out - results produced are related to SIRP priorities - there is a range of new knowledge (i.e. results are available in a range of areas) - results disseminated to seniors, educators, researchers, policy makers, service developers and providers, and health professionals - utilization of results by health and education professionals, researchers and seniors
14. Has the DAS/S implemented a strategy to manage and disseminate the knowledge generated by DAS/S activities and projects?	- mechanisms in place to share information, reports, etc., with concerned parties - mechanisms in place to respond to requests for specialized advice or general information (i.e. specific reports or broader questions) - dissemination plans built into project/activity plans - processes in place to analyze, consolidate and otherwise "package" knowledge to make it as useful as possible

EVALUATION QUESTIONS	PERFORMANCE INDICATORS
15. What have been the effects of seniors community funded projects, beyond the direct benefits generated, in terms of continuing/new projects, activities and collaboration/partnership after the initial funding ceased? What were the characteristics of those projects that had on-going benefits?	- percentage of projects resulting in continuing/new projects, activities and partnerships/collaboration (eg. spin-off projects) - percentage of projects which became self-sufficient once funding ended - shared characteristics, critical factors (i.e. lessons learned) - lessons learned and used by others - innovations generated by projects
16. To what extent has the DAS/S influenced policies and programs of Health Canada, other federal government departments, and the private and voluntary sector, in areas affecting seniors and an aging society? In what way? What methods are most successful?	- integrated policies, programs, services and strategies appropriate for seniors and an aging society - expansion of scope of action to fill gaps on issues of seniors and aging - additional resources of all types (financial,human, etc.) committed by others - increased use of information by policy and program developers in other government departments, at other government levels and in other non-governmental organizations - changes in activities, and policies of stakeholders which address seniors' issues - demand for advice/information from Ministers, MPs and other federal government departments and agencies, and from non-governmental organizations - increased participation of Division in multisectoral programs/policy initiatives - increased participation by Division in interdepartmental and intradepartmental initiatives
17. To what extent has the DAS/S promoted and increased the realistic portrayal of aging and seniors?	- relevant initiatives and public education material produced by DAS/S - more positive image of seniors and aging in society - seniors are seen as valued contributors to society

EVALUATION QUESTIONS	PERFORMANCE INDICATORS
C: COST EFFECTIVENESS	
18. What mechanisms or approaches would be most cost effective and appropriate for the federal government and Health Canada to pursue in light of governmental and non-governmental priorities and concerns in the area of seniors and aging issues?	- perceived or real relative importance of various aspects of the DAS/S - priorities of other sectors - possible overlap or duplication - alternatives (e.g. alternative methods, alternative applicants, new core functions for DAS/S, redistribution of functions within federal government, delivery by provinces, privatization, etc.) - effectiveness of various alternatives in meeting seniors' priority needs - costing of each alternative, e.g. . salary and operating costs . contribution funds . value of volunteer hours contributed as a result of funded projects . co-investment
19. What would be the most cost-effective and appropriate structures for supporting these mechanisms or approaches?	- level of priority given by other government departments, other governments, NGOs, business, and labour to supporting activities undertaken by the DAS/S - extent of complementarity or duplication between DAS/S activities and those of other stakeholders - level of coordination among the various stakeholders - level of and need for federal leadership in coordination among the various stakeholders - costs of various structures considered
20. Which activities and projects were most effective? What characterized the most effective projects and activities from the less effective ones?	- types of projects/activities which had most positive impact on health, independence and well-being of seniors - lessons learned from individual activity and project performance in terms of: . priority needs addressed . groups of seniors targeted . objectives achievement . impacts . financial and human resources that were required (e.g. was project over budget?) . strengths and weaknesses of project . level of in-kind and financial resources contributed by partners
21. Could the same or greater impacts have been achieved through other less costly activities or more efficient use of resources?	- lessons learned from individual project performance in terms of: . financial resources that were required . possible alternatives to types of activities or projects, and resource requirements . level of in-kind and financial resources contributed by partners . type of projects and activities which duplicate or complement projects of other sectors of society (NGOs, government agencies, business and labour) - possible alternatives to program (e.g. privatization) and resource requirements - comparison with other programs (e.g. overhead costs)

EVALUATION QUESTIONS	PERFORMANCE INDICATORS
22. Do the various activities of the DAS/S, other departmental activities, and activities outside the Department complement and supplement one another or is there overlap and duplication?	- existence of a coordinated approach with other departments and provinces regarding seniors' issues - documented overlap or complementarity with other activities that address seniors' issues - contribution to other strategies at the various government levels (e.g. departmental,federal, provincial, local) - documented overlap or complementarity with activities under other strategies (e.g. departmental, federal, provincial, local)
23. Were appropriate systems established or mechanisms utilized to coordinate, monitor and evaluate the DAS/S?	- evaluation framework developed and implemented - project evaluations carried out - existence of ongoing monitoring system - reports based on monitoring system produced and used - process for reviewing and applying knowledge gained from projects and activities is in place - mechanisms put in place for identifying and reviewing priority needs and target groups throughout time - identified central agencies' requirements met

January 15, 1996

EVALUATION OF THE
DIVISION OF AGING AND SENIORS/SENIORS STRATEGY (DAS/S)

PROPOSED METHODS

No one method can be expected to answer any of the evaluation questions completely. Rather, different methods constitute separate lines of enquiry which complement one another. The data collection methods listed below are being considered at this point. However, it must be noted that the evaluation design will be finalized at the time the consultant starts work on this study in April 1996.

A. File Review

The file review will involve going over the various sources of information that record the history of the DAS/S or of specific programs, activities or projects under the DAS/S.

An important consideration in this evaluation will be the evolution that has occurred over the years in the structure and funding of the Seniors Strategy and its component programs. Nevertheless, there has been a continuity in many of the objectives of the various programs of the original and renewed Seniors Strategy as they have evolved up to and including the most recent changes. Thus, it is appropriate to use data on precursor programs in this evaluation, particularly focusing on those objectives which still exist in the current programs. A five-year horizon should be sufficient to provide reasonable data.

1. Program and project files[1]:

We will be looking here for background information on the DAS/S. Documents to be examined will include Memoranda to Cabinet, Submissions to Treasury Board, briefing notes, general correspondence, workplans, action plans, budgets, financial records, media clippings and reports.

The files from the Division of Aging and Seniors, the Health Policy and Information Directorate, the Health Promotion and Programs Branch Regional Offices and the Extramural Research Division will also provide us with data on the situation extant at various points in time related to seniors and an aging society. This

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[1] Unless specifically stated, projects are meant to include NACA, SIRP and NH:PA funded projects as well as internal projects that are undertaken in pursuit of the objectives of the DAS/S.

information would be added to other information identified for the literature review exercise described later.

2. Administrative Systems:

In addition to the general data contained in program and project files, the evaluation will use information from administrative systems such as:

- the Contribution Information System, which tracks information for the various funding program streams (ie. New Horizons, Seniors Independence Program, Ventures and New Horizons:Partners in Aging Program), and
- the Seniors Inquiry Tracking System that monitors the correspondence sent to the DAS.

3. Project evaluations:

Project evaluations and other assessment documents can contribute to a program evaluation as they address what success and impact projects have had in achieving the objectives of a project itself and of an overall initiative in more general terms. In addition, project evaluations also address process issues that may be useful in responding to questions on cost-effectiveness.

In recent years, it has become increasingly common for an evaluation component to be developed and included in projects, especially those funded by contributions. The evaluation proposes to use a randomly selected and representative sample of DAS/S project evaluations.

The Division of Aging and Seniors will first be asked to provide the Evaluation Group with a list of all projects funded or supported over the past five years in each of the following categories:

a) <u>Community projects funded through contributions</u>:

It is estimated that approximately 5,000 new such projects were funded under NH, SIP, Ventures, and NH:PA during this period.

b) NACA projects:

It is estimated that approximately 50 such projects were carried out over the past five years.

c) SIRP projects:

SIRP funded 110 over the past five years, including three large-scale projects, i.e. the Canadian Study of Health and Aging I & II, and the Canadian Multicentre Osteoporosis Study.

d) Other internal projects:

It is estimated that approximately 150 such projects were implemented over the past five years. Examples of these projects include: research, policy development, publication, dissemination of knowledge, information campaign, organizing conferences/symposium, and speech writing.

A sample would then be selected randomly while keeping in mind the need to ensure the representativeness of the various categories of projects. Variables to consider at the time of the selection would include: project objectives and desired outcomes, health issues addressed, target groups, geographic distribution, dollar value, time period. A sample of approximately 350-400 projects is expected to be required at this point. This will need to be examined again at the time we finalize the evaluation design.

As a third step, each project evaluation report identified for a project contained in the sample would then be assessed for its quality as this aspect can vary from one study to the other.

Other documents kept by the Division of Aging and Seniors also contain information of an evaluative nature and will be used as part of this overall evaluation. Examples of such documents include:

- the SIP Impact Questionnaires as well as the NH:PA Impact Questionnaires;
- the Activity and Accounting Reports from New Horizons;
- the final reports of other types of projects (eg. SIRP Symposium, Connections '95, NACA's Public Forum on Seniors and Medication); and,

- the interim and final reports from SIRP funded projects.

4. Data Bases:

The DAS/S contributed to the planning and the sampling of the following surveys: General Social Sciences, Ageing and Independence, and Elder Monitor. Such baseline data will be useful in measuring changes through time.

B. Literature Review

A literature review will allow the evaluation team to document any new findings in fields affecting seniors and an aging society. The review would focus on studies that address the current needs of seniors, the relevance and effectiveness of interventions for and with seniors, and the spread of new knowledge effected by the DAS/S. A special attention will also be paid to information which could contribute to our understanding of possible alternatives to the DAS/S.

The literature review would involve documents from Canada, the United States, the United Kingdom, France, Germany, Australia, and from the Scandinavian countries. The search would cover the past five years. The exercise would seek to identify not only official academic publications but also other useful documentation as well (eg. information from NGOs, governmental information, outputs from conferences).

The literature review would also take into account, among other things:

- findings from the Aging/Seniors Policy Review carried out in 1993/94;
- results from the Program Review exercise currently being carried out by Health Canada;
- results of focus group testing which was carried out in June 1995 for the Framework on Aging;
- results of Connections '95 and previous meetings between representatives of seniors' organizations and the Minister;
- results from SIRP Symposium/Workshops:
    - Workshop on "The Challenge of Dementia in Canada - From Research to Practice" (May 1993)
    - Symposium on "Methodological Diversity and Quality in Applied Social and Health Research on Aging and Seniors' Issues" (April 1994)
    - Symposium on "Putting Research on Aging to Work" (November 1994)

- Symposium on "Bridging Policy and Research" (March 1996)

- results from the DAS team looking at seniors at risk, including a study conducted by Statistic Canada on this subject using the findings of past surveys (March 1996),
- activities of SIRP and the SIRP Advisory Committee; and
- the priority setting and solicitation process for NH:PA projects.

As part of the literature review exercise, it will be important (a) to assess the purpose and the context in which each of the selected documents was prepared, and (b) to identify their sponsoring organization.

A full bibliography of documents consulted will be required from the consultant.

C. Interviews

A certain number of semi-structured interviews are planned for this evaluation. These will be face-to-face interviews for those respondents located in Ottawa (lasting approximately one hour and a half). Respondents outside of the National Capital Region will be interviewed by telephone (interviews lasting approximately 45 minutes). Should travel outside of the National Capital Region take place for other data collections it is possible that more face-to-face interviews could be accommodated.

Interview guides will be developed by the consultant under the direction of the Evaluation Group and with input from the Division of Aging and seniors. The guides will be pretested.

Different types of respondents will be identified to participate in this exercise.

1. Key Informants:

   a) Federal Government Informants:

      This method would involve conducting interviews with the following respondents:

      - representatives from central agencies (approx. 3)

- Health Canada former[2] and current senior managers (ADM and DG levels) and program staff (including staff from regional offices and Health Canada staff outside of the DAS but with which the DAS works in close collaboration (eg. Family Violence, Drugs Strategy) (approx. 24)
- members of the Interdepartmental Committee on Seniors Issues (approx. 7)
- former and current members of NACA (approx. 5)

These interviews will seek respondent's input especially on questions of relevance, the accomplishments of the DAS/S, the extent of the dissemination of DAS/S knowledge, the influence achieved by the DAS/S on other policy makers, possible duplication or overlap in activities, unintended effects and possible alternatives.

b) Provincial/Territorial Government Representatives:

Provincial and territorial governments are considered to have a particular stake in many of the issues addressed by the DAS/S. Gathering of their comments is presented as a separate methodology to ensure their concerns are highlighted. Both senior management and working level staff would be interviewed. Senior management will be consulted on the same issues as federal government interviewees, but a special focus would be put on relevance and possible duplication or overlap of the DAS/S with provincial programs. They would also be asked about possible unintended side effects of the DAS/S. Working level staff would, in addition, be asked for input on the relevance and duplication in the projects undertaken by DAS/S.

At least two representatives from each jurisdiction would be interviewed for a minimum total of 24 interviews.

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[2] Many changes have taken place at the senior management level within Health Canada in general and within the Health Promotion and Programs Branch more specifically over the past few years. It may be worth considering interviewing senior managers that have now left Health Canada but are knowledgeable of the context in which the DAS/S has operated over the past five years.

c) Stakeholders:

This approach would consist of conducting interviews with the various interested individuals or groups in the field of aging and seniors issues such as: seniors' groups, business, labour, local governments, universities, centres on aging, professional associations, gerontological associations, and international organizations. The evaluation will seek their input concerning the current needs of seniors, the impact of the DAS/S in general or in relation to specific projects, the continued relevance of the DAS/S, and possible alternatives to its delivery. Furthermore, they would be asked about the pertinence, quality, distribution and utilization of educational and research materials developed under the DAS/S.

It would be important to ensure participation of respondents who have not, are not or would not benefit of DAS/S funding. However, this may be difficult. The evaluation study will aim at ensuring a proper balance in the list of possible respondents in this group between funding recipients, non-recipients and stakeholders who although they may not have benefited from funding have nevertheless been involved with the DAS/S. It is expected that the total number of respondents for this exercise would include approximately 50 stakeholders.

d) Funding recipients:

Interviews with this group of respondents would be aimed at eliciting information related to the specific impacts of their projects on seniors' lives. Questions would also be asked on:

- collaboration/partnerships, services or new knowledge generated;
- administration of the programs; and
- possible alternatives.

It is recognized that most funding recipients could be expected to have a favourable bias towards the DAS/S. Consequently, in addition to identifying funding recipients from a sample of projects, an attempt would be made to identify respondents that, although they may have received funding under the DAS/S in the past, may have seen one of their most recent applications turned down.

D. Survey of Beneficiaries

Information on the impact of the DAS/S on the lives of project beneficiaries may be available from project evaluations. Should this be the case the information would be picked up under the file review exercise mentioned earlier. However, it is expected that only limited information of this nature will be found in the project evaluations. It is for this reason that the Evaluation Group will want to carry out an independent telephone survey of beneficiaries. Interviews would last approximately 30 minutes.

The Evaluation Group would proceed by first identifying a randomly selected, representative sample of projects. The next step would involve asking the project manager to provide us with a list containing the names of the project beneficiaries, their address and telephone number.

Getting a list of beneficiaries for each project in the sample may not always be feasible as this would depend on the activities that were being funded or supported by the project. Thus, it will be important to select a sample of projects large enough to provide us with approximately 700 names as well as the address and the telephone number of beneficiaries. The goal would be to get approximately 550 completed telephone interviews.

In order to get such a response rate (78%) it would be important to plan the survey at an appropriate time of the year (eg. "snowbirds" are away during the winter months while other seniors may be away at their cottage during the summer months). Consideration will also be given to making use of comparison groups for a limited number of projects.

This survey would further provide the opportunity to ask seniors about the skills, expertise and knowledge they gained from participating in DAS/S projects, as well as what they see as:

- their most pressing needs;
- the most important barriers to their independence;
- the conditions faced specifically by seniors that could be improved by government action.

Should the method described above for identifying beneficiaries of DAS/S projects not be feasible, focus groups could be held instead in the communities where projects were funded or supported and the target clientele of the project invited to participate.

Another possibility would consist in sponsoring a few additional questions that could be added to pertinent surveys

carried out by Statistics Canada or other organizations. Thought may also be given to surveying a sample of recipients of Old Age Security (OAS) on the broader issues such as their most pressing needs and barriers to their independence.

E. Survey of general public clients

Many individuals (not associated with projects) request specialized advice, information, materials or referrals from the Division of Aging and Seniors. The Division maintains information on the individuals who have made such requests in writing, and it should be possible to identify a sample who could be surveyed about their experiences with the Division or its precursors, and the usefulness of the information provided to them. Such a survey may be through a mail questionnaire. The sample size would depend on the total number of persons who have written to the Division of Aging and Seniors over the past five years. This number is estimated at 4,000 pieces of correspondence of a substantive nature. This number does not include forms asking for publications or ministerial correspondence. At this point, we could see a sample of approximately 300 authors of letters being identified for the purpose of this data collection.

Those clients who were identified as seniors could also be asked similar questions as those that will be asked of beneficiaries. For example, they could be asked what they see as:

- their most pressing needs;
- the most important barriers to their independence;
- the conditions faced specifically by seniors that could be improved by government action.

Clients who fall in categories such as academics, researchers, policy makers, service developers and providers, health professionals, teachers, the general public, etc. would be asked similar questions as well as questions on the pertinence of the program and the use made of educational and research materials developed under the DAS/S.

F. Expert Panel

The purpose of this exercise would be to clarify the findings obtained and to provide suggestions for solutions and/or recommendations for action. Furthermore, a panel of experts would allow the evaluation team to address some questions on which very little quantitative data is available or can be obtained (e.g. attribution, relevance).

Thus, after the preliminary analysis of the file review, the literature review and the various surveys is completed, the panel consultation would take place. Experts would be provided with a summary of key findings and a list of questions to answer. Once their answers had been received, the consultant would follow-up with a telephone interview to obtain further details, if necessary. This exercise could then be followed by a one-day retreat where all experts would meet to discuss the findings, their assessment of the success of the DAS/S in meeting its objectives, the continued relevance of the DAS/S and possible alternatives. Other areas to be covered by the experts would be possible unintended effects and duplication of the DAS/S.

The panel of experts would include approximately 6 to 7 experts. The areas of expertise sought would include:

- seniors and aging issues, and
- government/stakeholders relationships (e.g. consultation/ partnership).

This list of areas of expertise is meant to be illustrative not definitive.

Ideally, experts would have to be able to demonstrate at the time of the selection process that they have not been, are not or would not be recipients of funding from the DAS/S. However, this may not be realistic. In such a case it then becomes important to ensure a balanced group of experts with some of the experts having received funding and others not. Among the experts who would not have received funding there could nevertheless be some who would have been involved with the DAS/S over the years. Another possibility would be to include some experts from other countries (eg. the United States, France, United Kingdom, Scandinavian countries) and have a conference call rather than a one-day retreat.